## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004       |  |  |                                      |                                |                          |                                 |              | 10 <i>l579667</i> |                        |                            |                     |                        |  |
|----------------------------------|--|--|--------------------------------------|--------------------------------|--------------------------|---------------------------------|--------------|-------------------|------------------------|----------------------------|---------------------|------------------------|--|
|                                  |  | CLAIMS   | S FILED - PART I (Column 1)          |                                |                          | Column 2)                       |              | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
| U.S. NATIONAL STAGE FEES         |  |  |                                      |                                |                          |                                 | R            | ATE               | FEE                    |                            | RATE                | FEE                    |  |
| BASIC FEE                        |  |  |                                      |                                |                          |                                 | BASIC        | FEE               |                        | OR                         | BASIC FEE           | 300                    |  |
| EXAMINATION FEE                  |  |  |                                      |                                |                          |                                 | EXAM. FEE    |                   |                        |                            | EXAM. FEE           | 200                    |  |
| SEARCH FEE                       |  |  |                                      |                                |                          |                                 | SEAR         | CH FEE            |                        |                            | SEARCH FEE          | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.         |  |  | minus 100 =                          |                                |                          | / 50 =                          | X \$         | 125 =             |                        |                            | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS          |  |  | 18 '                                 | 18 minus 20 = *                |                          |                                 |              | X \$ 25 =         |                        | OR                         | X \$ 50 =           |                        |  |
| INDEPENDENT CLAIMS               |  |  | / minus 3 = *                        |                                |                          |                                 | X \$         | 100 =             |                        | OR                         | X \$ 200 =          |                        |  |
| MUL                              | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT                                | ·                              |                          | X                               | +\$          | 180 =             |                        | OR                         | + \$ 360 =          | 360                    |  |
| * If                             | the difference                                 | e in column 1 is   | less than zero, enter "0" in         |                                |                          | lumn 2                          | • тс         | TAL               |                        | OR                         | TOTAL               | 1260                   |  |
| AMENDMENT A                      |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  | AMENDE                               |                                | n 2)<br>ST<br>ER<br>JSLY | · (Column 3) PRESENT EXTRA      |              | IALL E            | ADDI-<br>TIONAL<br>FEE | OR                         | OTHER<br>SMALL E    |                        |  |
|                                  | Total  | *  | Minus                                | **                             |                          | =                               | X \$         | 25 =              |                        | OR                         | X \$ 50 =           |                        |  |
|                                  | Independent                                    | *  | Minus                                | ***                            |                          | =                               | X \$         | 100 =             |                        | OR                         | X \$ 200 =          | ·                      |  |
|                                  | FIRST PRES                                     | SENTATION OF N   | MULTIPLE DE                          | JLTIPLE DEPENDENT CLAI         |                          |                                 | +\$          | 180 =             |                        | OR                         | + \$ 360 =          |                        |  |
|                                  |  |  |                                      |                                |                          |                                 |              |                   |                        | OR                         | TOTAL ADDIT.        |                        |  |
| (Column 1) (Column 2) (Column 3) |  |  |                                      |                                |                          |                                 |              |                   |                        |                            |                     |                        |  |
| AMENDMENT B                      |  | REMAINING<br>AFTER<br>AMENDMENT  |                                      | NUMBI<br>PREVIOL<br>PAID F     | JSLY                     | PRESENT<br>EXTRA                | R            | ATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                  | Total  | *  | Minus                                | **                             |                          | =                               | ×\$          | 25 =              |                        | OR                         | X \$ 50 =           |                        |  |
|                                  | Independent                                    | *  | Minus                                | ***                            |                          | =                               | X \$         | 100 =             |                        | OR                         | X \$ 200 =          |                        |  |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                                |                          |                                 | + \$         | 180 =             |                        | OR                         | + \$ 360 =          |                        |  |
|                                  |  |  |                                      |                                |                          |                                 |              | . ADDIT.<br>FF    |                        | OR                         | TOTAL ADDIT.<br>FFF |                        |  |
|                                  |  |  |                                      |                                |                          |                                 |              |                   |                        |                            |                     |                        |  |
| **                               | If the "Highest No."                           | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Pai | aid For" IN THIS<br>aid For" IN THIS | SPACE is less<br>SPACE is less | than '20<br>than '3'     | )', enter "20".<br>, enter "3". | in the appro | priate bo         | ox in column           | 1.                         |                     |                        |  |